

FORENSICS

Friday, December 12, 2008

Adam's Mark Hotel - Airport

TOPICS AND FACULTY:

- ❖ Daubert Attacks on Fingerprint, Firearm/Tool Mark, Shoeprint, Tread & Hair, Jay Siegel, Director, Forensic & Investigative Science Program, IUPUI.
- ❖ Cyber Forensics: What can a Computer Expert Do for You?, Professor Marc Rogers, Purdue.
- ❖ Finding the Right Defense Expert & Crossing the State Expert, Jack Crawford, Esq., Indianapolis
- ❖ Science, Law & Tactics in Mistaken ID Cases, Professor Jules Epstein, Widener Law School.
- ❖ Psychological Testimony on Battered Women's Syndrome, Bart Ferraro, Ph.D.

CLE CREDIT:

The Indiana Commission on Legal Education will accredit this seminar for six (6) CLE hours.

• DATE • PRICE • PLACE

Time: 9:00 a.m. to 5:00 p.m. (lunch provided)

Fees: Public defenders \$90 by Nov. 26; after Nov. 26- \$115; at the door - \$140

Criminal defense lawyers \$175 by Nov. 26; after Nov. 26 - \$200; at the door - \$225

Non-Attorneys \$65 by Nov. 26; after Nov. 26 - \$90; at the door - 115

New Attorneys (passed the bar in 2006) \$45 by Nov. 26; after Nov. 26 - \$70

- ☐ Please use the form provided below and return it with your payment to **Indiana Public Defender Council**. All public defenders and regularly appointed defense counsel in Indiana are members of the Indiana Public Defender Council. Deadline for cancellation refund is **Wednesday, November 26**

Place: Adam's Mark Airport
2544 Executive Drive
Indianapolis, IN
Free Parking
(317) 248-2481

- ☐ The guaranteed room rate is \$93.00. You need to reserve your room by **Monday, December 8**
- ☐ This special room rate is for **Thursday, December 11 only**.
- ☐ Please inform the reservationists that you are with the **Public Defender Council** when making your reservation.
- ☐ If you have problems, contact Teresa Campbell at (317) 232-2490.
- ☐ Check the website for up-to-date information.
www.in.gov/pdc/general/calendar.html
- ☐ No registering over the phone. **Mail or fax only. Visa and MasterCard are accepted.**
- ☐ If dark paper please photocopy before faxing.

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Name: _____ Attorney Number: _____

Business Phone: _____ Fax: _____

Address, City, State, Zip: _____

Email address: _____ Are you a vegetarian? ☐ Yes ☐ No

Credit Card VISA OR MC _____ Expiration Date _____

CV Code _____

Billing Address _____

☐ I certify that I am a criminal defense attorney.

Signature

Mail this form to:

Indiana Public Defender Council
ATTN: FORENSIC REGISTRAR
309 W. Washington, Ste.401
Indianapolis, IN 46204-2725
Or Fax to: (317) 232-5524